

Name  
in  
Full

Mrs. Emily May Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Pool Town Harford County

Date of death 1910 Jan. 20 Age 32 Years 11 Months 3 Days

Sex Female Color or Race White Birth-place Harford Co.,

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband William Anderson

Father's Name James P. Singleton Father's Birthplace Harford Co.

Mother's Maiden Name Harriet Morris Mother's Birthplace Harford Co.

Name of person giving information Wm. Anderson How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid Fever. How long 27 days.

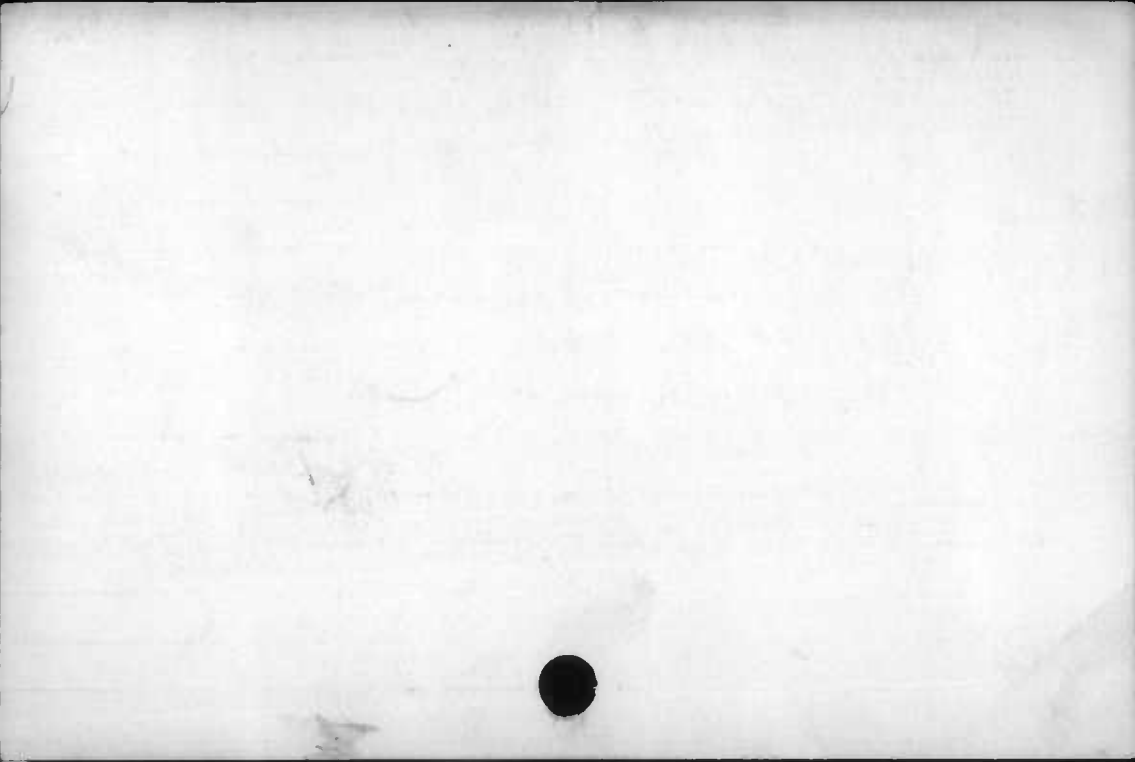
Immediate Lobar Pneumonia. How long 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician J. H. Tobias

Address Darlington, Md.

Accident or Suicide?



Name  
in  
Full

Harrison H. Cyers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

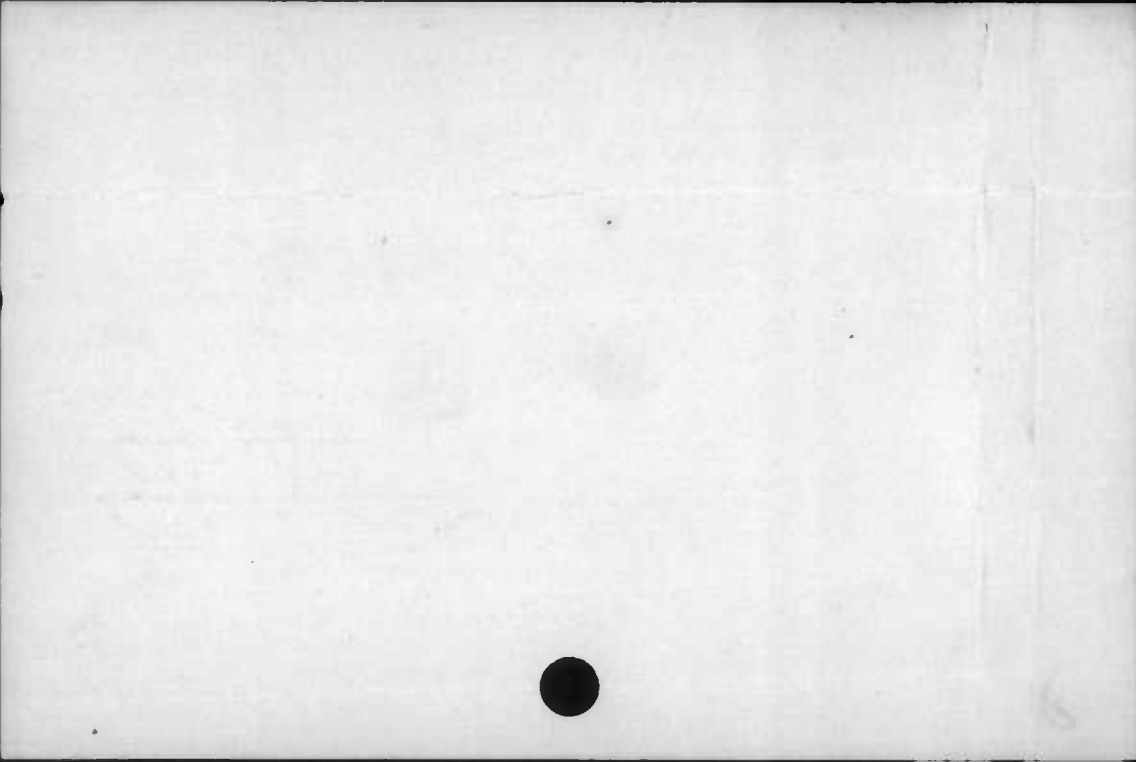
Died at <u>Rocke</u> <small>Town</small>		<u>Hayford</u> <small>County</small>		MARYLAND	
Date of death <u>1900</u> <small>Month</small> <u>1</u> <small>Day</small> <u>27</u>		Age <u>86</u> <small>Years</small>		Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Hayford Co</u>			
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Anna Cyers</u>			
Father's Name <u>Samt Cyers</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Samt Cyers</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Richard Cyers</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	How long <u>Sudden</u>
Immediate <u>Paralysis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>F. P. Smithson</u>
	Address <u>Forest Hill Md</u>
Accident or Suicide?	



Name  
in  
Full

William Bush

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stickney</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1900</u> <small>Month</small> <u>July</u> <small>Day</small> <u>19</u> <small>Age</small> <u>70</u> <small>Years</small> <u>      </u> <small>Months</small> <u>      </u> <small>Days</small> <u>      </u>		Sex <u>Male</u> <small>Color or Race</small> <u>White</u>		<small>Birth-place</small> <u>Maryland</u>	
Occupation <u>Farmer</u>		<small>Where Residing if not at place of death</small>			
Married, Single or Widowed <u>Married</u>		<small>Name of Wife or Husband</small> <u>Sarah Ann Bush</u>			
<small>Father's Name</small> <u>Michael Bush</u>		<small>Father's Birthplace</small> <u>Germany.</u>			
<small>Mother's Maiden Name</small> <u>Unknown</u>		<small>Mother's Birthplace</small> <u>Unknown</u>			
<small>Name of person giving Information</small> <u>Emory Bush.</u>		<small>How related to deceased</small> <u>Son</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<small>Primary</small>	<u>Probably heart disease</u>	<u>178</u> <small>How long</small>	<u>189</u> <small>How long</small>
<small>Immediate</small>	<u>Probably heart disease</u>	<u>Suddenly</u>	
<small>Are the name, age, sex, color, date and place correctly given above?</small>		<small>Signature of Physician</small> <u>F. Lee Hughes</u>	
		<small>Address</small> <u>Bel Air</u>	
<small>Accident or Suicide</small>			

Center



Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Charles Clinton Carman

Town

County

MARYLAND

Died at

Taylor

Day

13 pm Harford

Years

Months

6

Days

17

Date

of death

1910

Month

Jan

Age

39

Sex

Male

Color or  
Race

White

Birth-  
place

Baltimore Co Md

Occupation

Merchant

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Leath C Carman

Father's  
Birthplace

Balto. Co Md

Mother's  
Maiden Name

Annie E Foard

Mother's  
Birthplace

C

C

C

Name of person giving  
Information

C C Carman

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Acute Gastritis

How long

24 hrs.

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

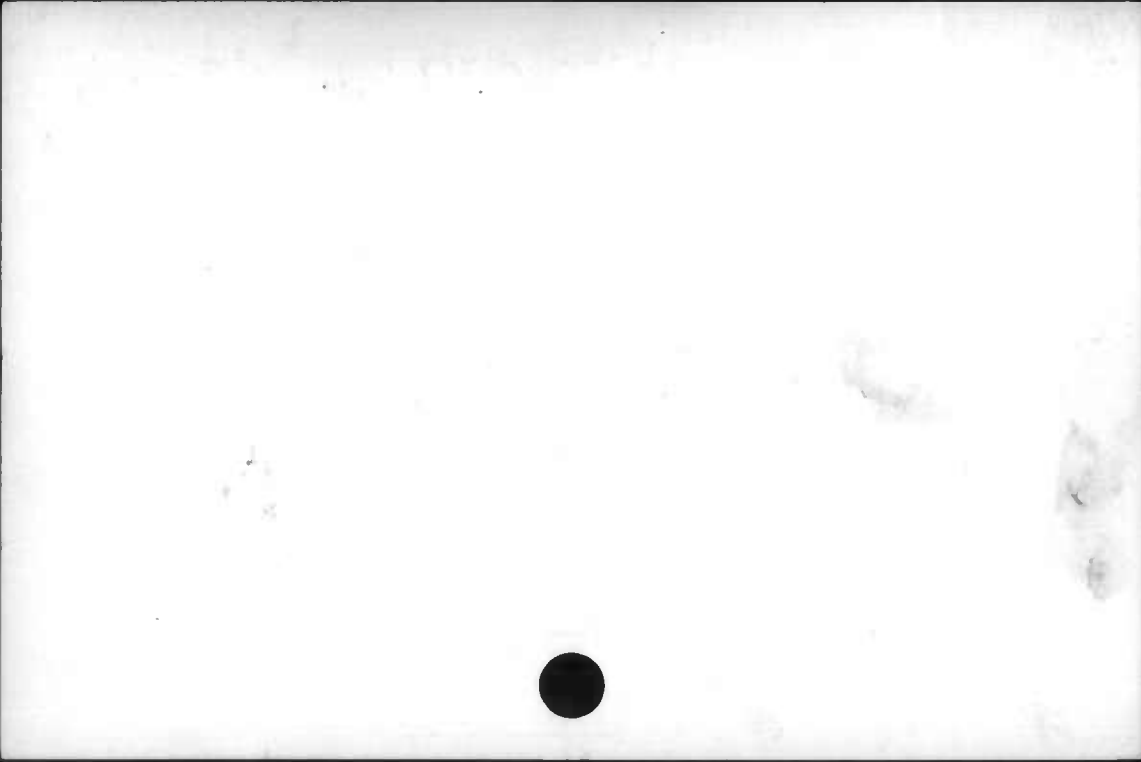
Yes

Signature of  
Physician

Address

F. E. Rigdon M.D.  
Jarrettsville Ind.

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mrs. Cooper*  
Town *Thenterville* County *Harford* MARYLAND  
Died at  
Date of death *1901* *Jan* *14* *Age* *48* *Months* *5* *Days* *14*  
Sex *Female* Color or Race *White* Birth-place *Penn*  
Occupation *House wife* Where Residing if not at place of death *Thenterville Md*  
Married, Single or Widowed *Married* Name of Wife or Husband *Sidney Cooper*  
Father's Name *John Steward* Father's Birthplace *Penn*  
Mother's Maiden Name *Jane Huff* Mother's Birthplace *Penn*  
Name of person giving Information *Sidney Cooper* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Influenza* How long *10*  
Immediate *Pneumonia* How long *1 WK*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *William Ramsey*  
Address *Deer Pt*  
Accident or Suicide *Accident*

PHYSICIAN  
OR CORONER

THE UNIVERSITY OF CHICAGO  
LIBRARY  
CHICAGO, ILL.



Name  
in  
Full

CERTIFICATE OF DEATH

Joseph Coponic

Town

County

Died at

Abbeeden RFD

Stanford

MARYLAND

Date

1910

Month

Jan.

Day

28

Years

81

Months

10

Days

of death

100

Age

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Farmer

Where Residing if not  
at place of death

Abbeeden

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Annie St. Coponic

Father's  
Name

Marciska Yinek

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Annie Staharsiska

Mother's  
Birthplace

Germany

Name of person giving  
Information

John Coponic

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Softening

How long

2 yrs

Immediate

Paralysis

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?

*[Signature]*

Signature of  
Physician

*[Signature]*

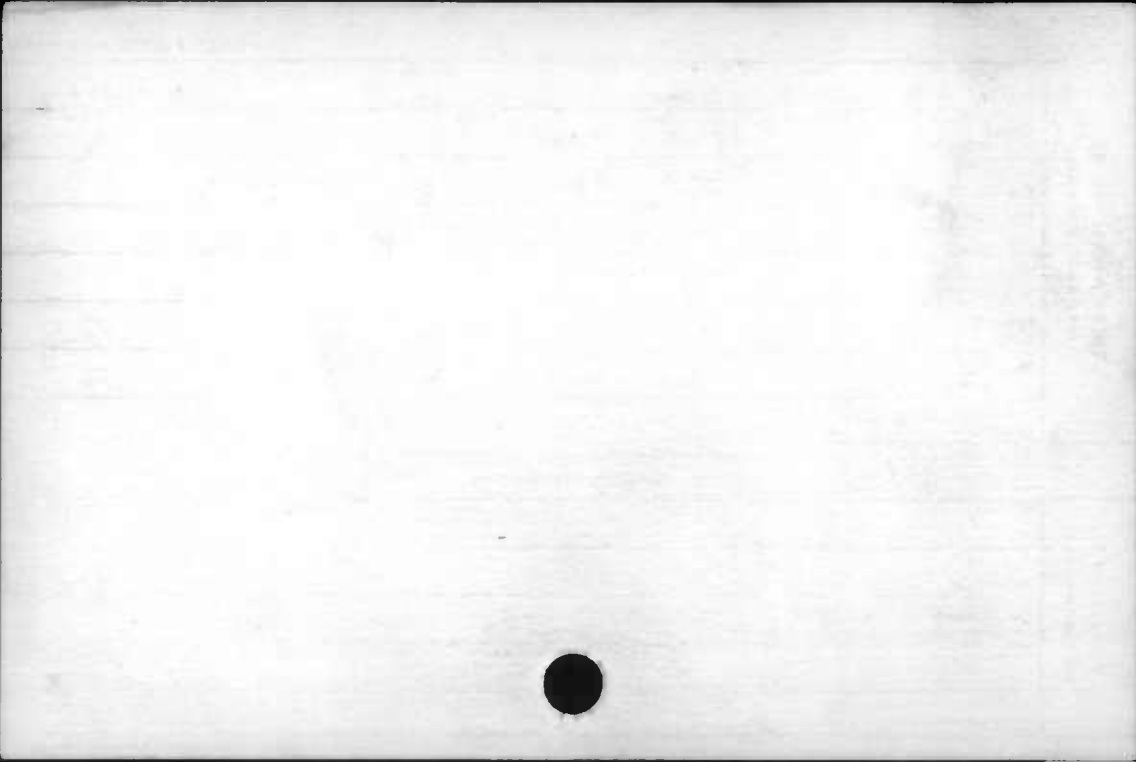
Address

Abbeeden Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

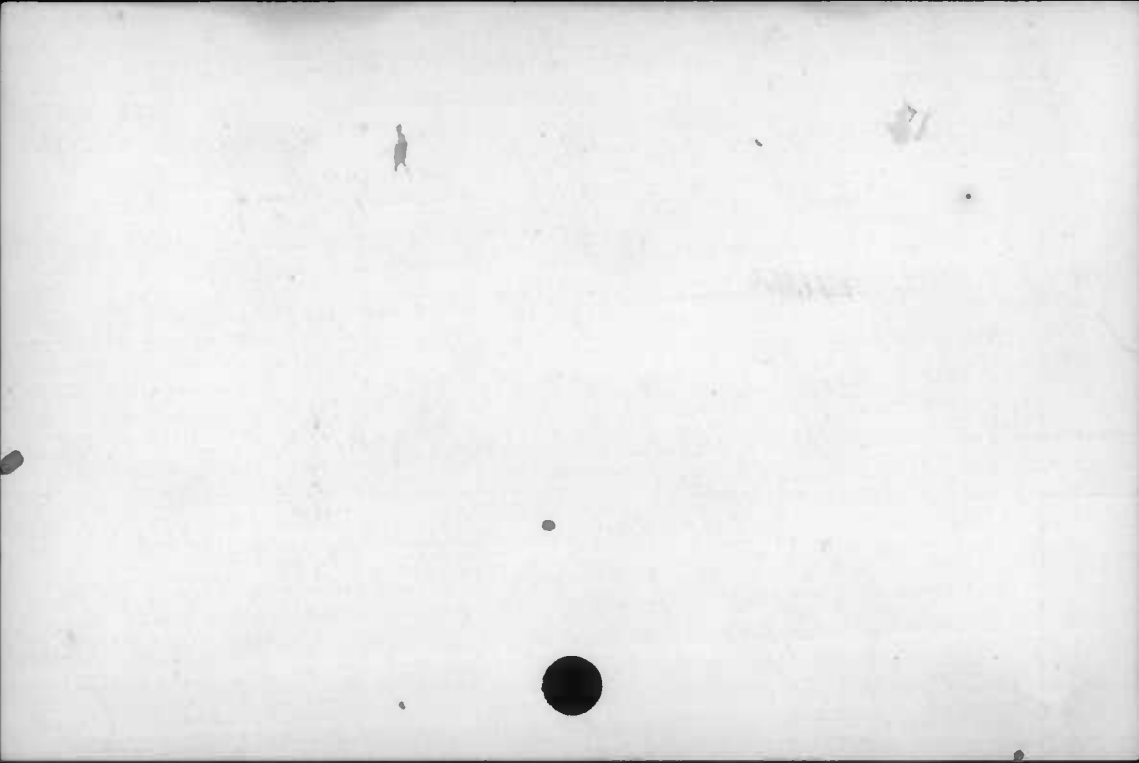
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Shanes</i>		Town <i>Harford</i>		County <i>Bordeaux</i>		MARYLAND	
Date of death	19 <i>40</i>	Month <i>Jan.</i>	Day <i>22</i>	Age <i>none</i>	Years <i>none</i>	Months <i>none</i>	Days <i>none</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Wesley Ordway</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Clara Billingsley</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Wesley Ordway</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>7 still birth</i>	How long <i>8</i>	<i>X</i>
Immediate		How long <i>no period</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Willard Stirling</i>	
		Address <i>Shanes</i>	
Accident or Suicide?		<i>md</i>	

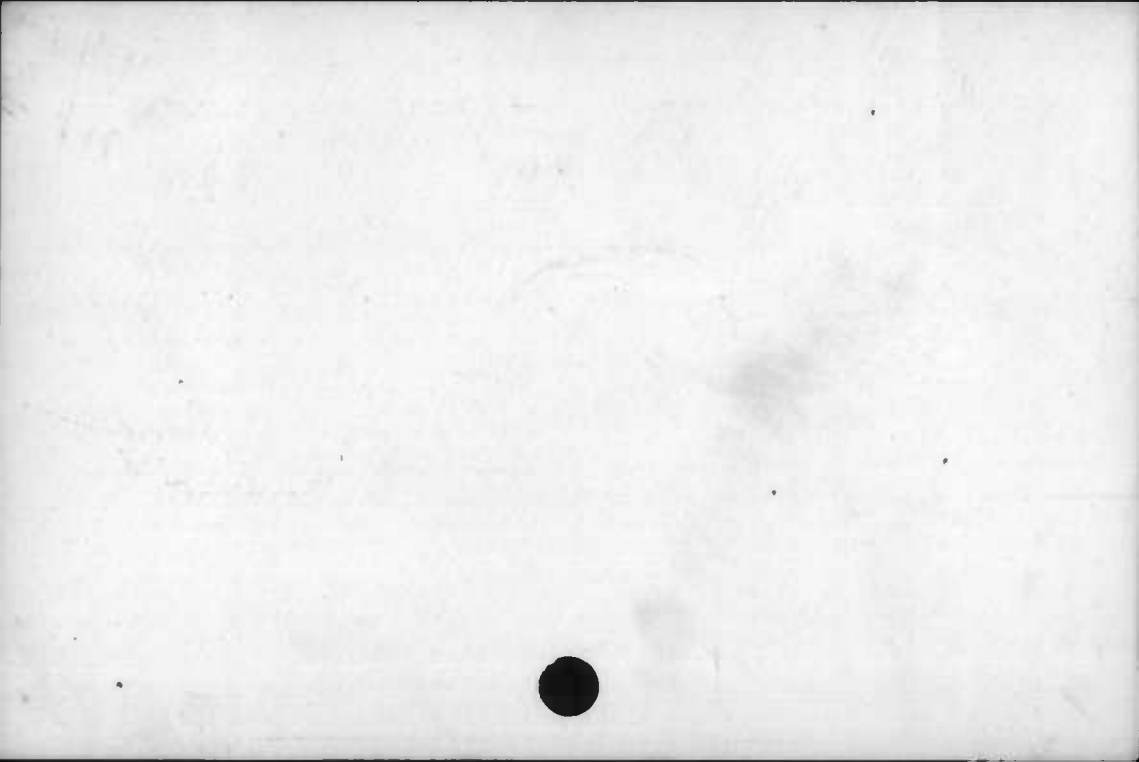


Name in Full		Certificate of Death			
Eva B. boy		MARYLAND			
Died at Bel Air		Harford County			
Date of death 1940 Jan 26		Age 24		Months — Days —	
Sex Female		Color or Race Black		Birth-place Md.	
Occupation Housewife		Where Residing if not at place of death Bel Air Md.			
Married, Single or Widowed Married		Name of Wife or Husband David Love			
Father's Name Isaac Lee		Father's Birthplace Md.			
Mother's Maiden Name Delia Spencer		Mother's Birthplace Md.			
Name of person giving information Delia Usborn		How related to deceased Mother			
CAUSES OF DEATH					
Primary Patient dead when I arrived		How long Called 4 A.M.			
Immediate Chlamydia		How long 11:00 P.M. 4.15			
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician Dr. C. W. [illegible]			
Address [illegible]		Address [illegible]			
Accident or Suicide? [illegible]					

Asbury.



Name in Full		Catherine K. Davis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Harrods Grove		County Harford		MARYLAND		
	Date of death	1940	Month Jan.	Day 26	Age 83	Months 5	Days 8	
	Sex	Female		Color or Race	White		Birth- place	Germany
	Occupation	House work			Where Residing if not at place of death			Harrods Grove
	Married, Single or Widowed	Widow		Name of Wife or Husband				Thomas Davis
	Father's Name	Henry Hayden				Father's Birthplace	Germany	
	Mother's Maiden Name	Unknown				Mother's Birthplace	"	
Name of person giving In formation	Earlie Charles				How related to deceased	Grand child		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(154)</div>								
PHYSICIAN OR CORONER	Primary	Sanility				How long	24 yrs	
	Immediate	Heart Complications				How long	5 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			J. H. Steiger
	Accident or Suicide?				Address			Harrods Grove Md



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Irvin Eugene Dell*

Town *Aberdeen* County *Hanford* MARYLAND

Died at *Aberdeen*

Date of death 19*80* Month *1<sup>st</sup>* Day *23<sup>rd</sup>* Age *41* Years *8<sup>11</sup>* Months *17* Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Druggist* Where Residing if not at place of death *Aberdeen*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *George W. Dell* Father's Birthplace *Ind.*

Mother's Maiden Name *Louisa Martin* Mother's Birthplace *"*

Name of person giving Information *George Wm. Dell* How related to deceased *Brother*

## CAUSES OF DEATH

76

PHYSICIAN  
OR CORONER

Primary *Abscess Middle Ear* How long *16 days*

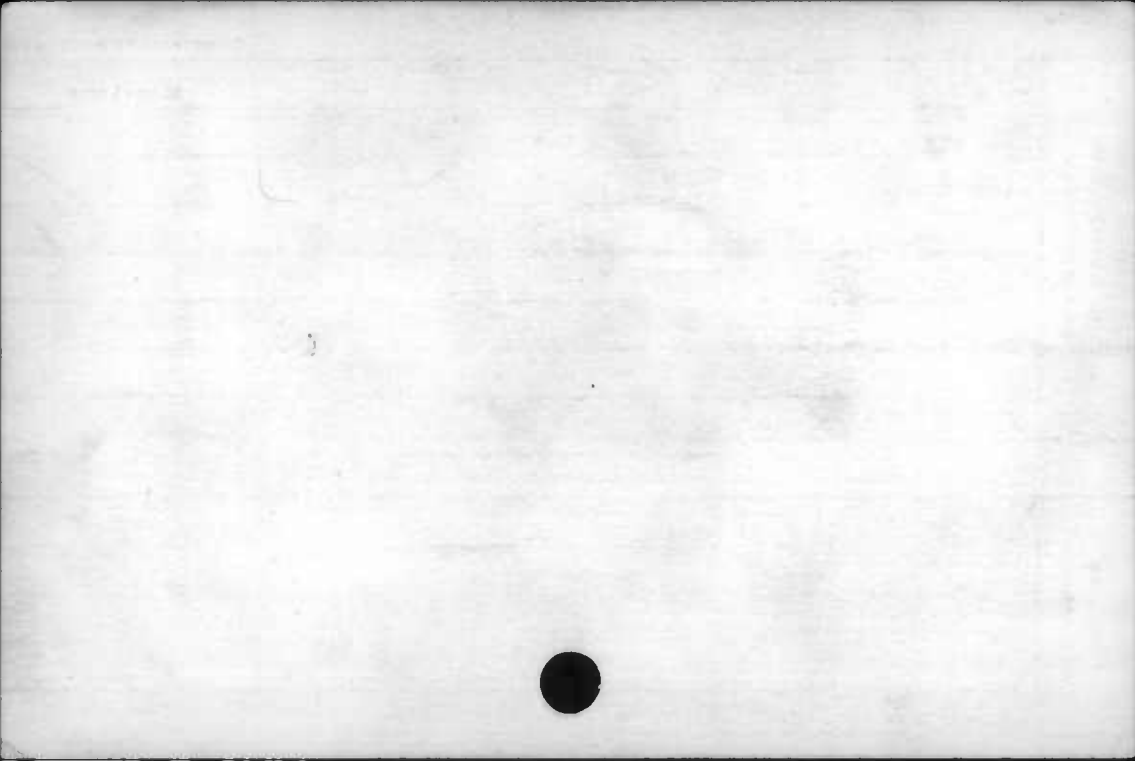
Immediate *Meningitis* How long *24 hrs.*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *James R. Kennedy*

Address *Aberdeen, Md.*

Accident or Suicide ☒



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Martha A Griffin* Town *Abingdon* County *Harford* MARYLAND

Died at *Abingdon*

Date of death *1940* Month *Jan.* Day *13* Age *73* Years *9* Months *1* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *Abingdon*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Mrs. E. Griffin*

Father's Name *Jacob M. Cornus* Father's Birthplace *Maryland*

Mother's Maiden Name *Cassie Martin* Mother's Birthplace *Maryland*

Name of person giving Information *Mrs. M. E. Jaw* How related to deceased *Daughter*

CAUSES OF DEATH

*103*

PHYSICIAN  
OR CORONER

Primary *Chronic Gastritis & Hepatitis* How long *Forty years*

Immediate *Transitional Collapse* How long *20 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R. Opperman M.D.* Address *Abingdon*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName in Full *Hamilton Not Named. Still Born*Died at *Harrods Grove R-D* *Harford* <sup>Town</sup> <sup>County</sup> MARYLANDDate of death 19*01* <sup>Month</sup> *1* <sup>Day</sup> *1* Age *—* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *male* Color or Race *white* Birth-place *Ind*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Wm Hamilton* Father's Birthplace *Ind*Mother's Maiden Name *Hattie Thompson S* Mother's Birthplace *Ind*Name of person giving Information *—* How related to deceased *—*

## CAUSES OF DEATH

Primary *Still Born* How long *—*

Immediate

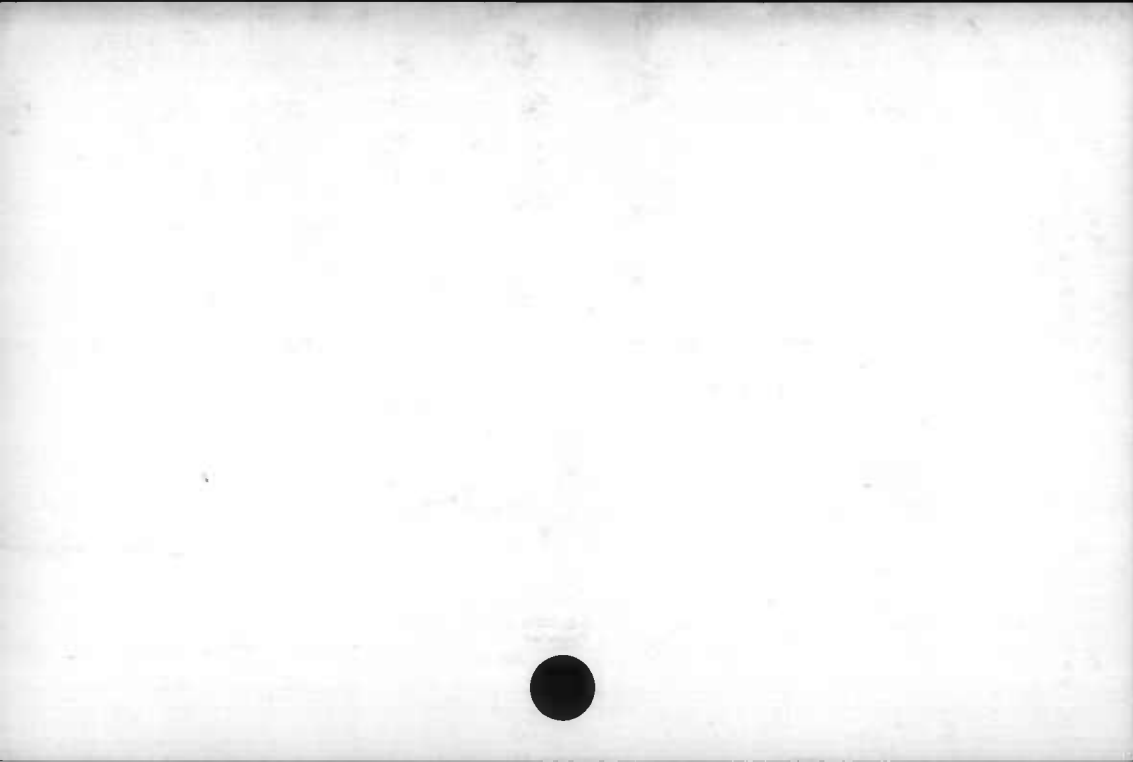
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*W. B. Clark M.D.*  
*Harford*

Accident or Suicide





Name  
in  
Full

Euna May Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Perryman</u>		County <u>Stearns</u>		MARYLAND	
Date of death	19 <u>40</u>	Month <u>1</u>	Day <u>28</u>	Age <u>1</u>	Years	Months <u>2</u>	Days <u>—</u>
Sex	<u>Female</u>		Color or Race	<u>Colored</u>		Birth-place	<u>MD</u>
Occupation	<u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>				
Father's Name	<u>Lloyd Harris</u>					Father's Birthplace	<u>MD</u>
Mother's Maiden Name	<u>Ann's Rice</u>					Mother's Birthplace	<u>MD</u>
Name of person giving information	<u>Lloyd Harris</u>					How related to deceased	<u>Son</u>

## CAUSES OF DEATH

189

PHYSICIAN  
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>active life</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. H. Stein</u>
<u>Yes</u>		Address	<u>Perryman</u>
Accident or Suicide?			<u>MD</u>

Union chad / ch

Name  
in  
Full

CERTIFICATE OF DEATH

*Hannah Hecht*

MARYLAND

Died at *Storr de Grace* *Harford* -

Date of death 1900 *January* *22* Age *78* Months *1* Days *26*

Sex *Female* Color or Race *white* Birth-place *Beerfelden, Germany*

Occupation *Household-duties* Where Residing if not at place of death *Storr de Grace -*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Liebman Hecht*

Father's Name *Elias Simon* Father's Birthplace *Germany*

Mother's Maiden Name *Caroline Simpson* Mother's Birthplace *Germany*

Name of person giving Information *Leed. Hecht* How related to deceased *Grandson*

CAUSES OF DEATH

Primary *Paralysis* How long *5-7 yrs*  
Immediate *Heart Complications* How long *4 or 5 months*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

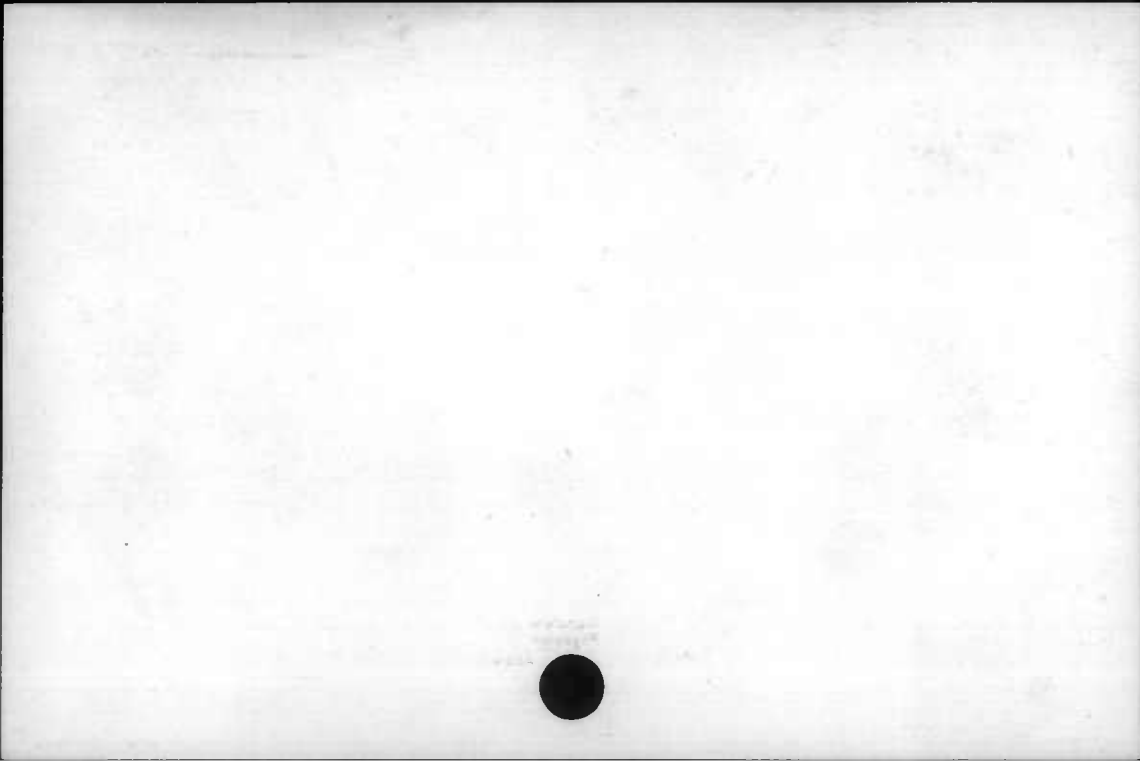
Address

*R. H. Smith*  
*Storr de Grace*  
*MD*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Laura C. Heimore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

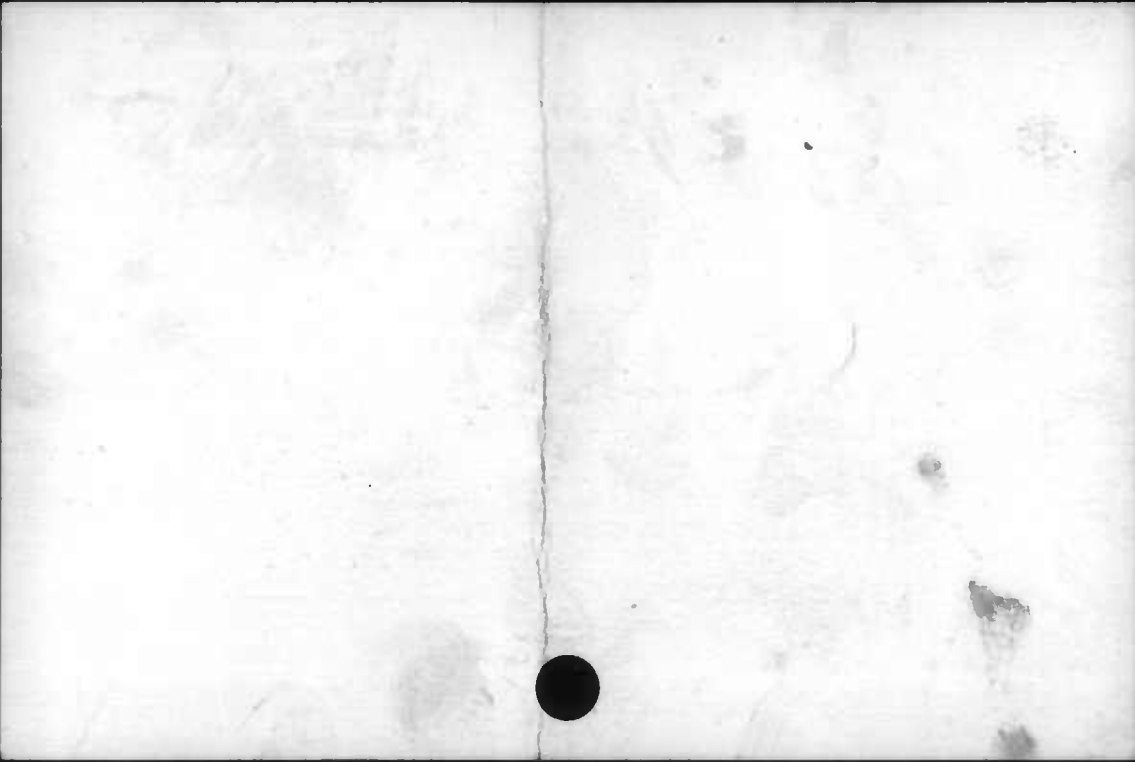
Town Harrods Grove County Harford  
Died at Harrods Grove  
Date of death 1970 Jan 30 Month Jan Day 30 Age 65 Years 65 Months — Days —  
Sex female Color or Race colored Birthplace Harrods Grove  
Occupation wife Where Residing if not at place of death —  
Married, Single or Widowed married Name of Vendor or Husband Wesley Heimore  
Father's Name Howard Gray Father's Birthplace don't know  
Mother's Maiden Name Minie Rice Mother's Birthplace Harrods Grove  
Name of person giving information Husband How related to deceased —

CAUSES OF DEATH

129

PHYSICIAN  
OR CORONER

Primary Fibroid "Tumor" of womb How long don't know  
Immediate + Valvular Heart Disease How long 2 or 3 months  
Are the name, age, sex, color, date and place correctly given above? yes  
Signature of Physician [Signature] Address Harrods Grove  
Accident or Suicide —



Name  
in  
Full

Patrick J. Collohan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		Jan.	13	Age	49		
Sex	Male	Color or Race	White	Birth-place	Barn de Grace		
Occupation	Labor			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband	Julia Collohan		
Father's Name	Patrick Collohan			Father's Birthplace	Ireland		
Mother's Maiden Name	Unknown			Mother's Birthplace	Ireland		
Name of person giving Information	Edward Collohan			How related to deceased	Son		

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Grip & Erysipelas	How long	5 days
Immediate	Acute infection	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. W. Smith
		Address	Barn de Grace Md
Accident or Suicide			





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at <i>Churches</i>		Town <i>Stenford</i>		County <i>Stenford</i>	
Date of death <i>1946</i>	Month <i>July</i>	Day <i>25</i>	Age <i>7</i>	Years <i>7</i>	Months <i>12</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>MD</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Joshua Johnson</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Hannah Johnson</i>			Mother's Birthplace <i>de</i>		
Name of person giving information <i>Joshua Johnson</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

Primary <i>Broncho Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Syncope</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. S. Page</i>
	Address <i>Bel Air.</i>
Accident or Suicide? <i>No</i>	

Stationery Clerk.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Mary Jane Johnson  
Town *Scarboro* County *Harford*

MARYLAND

Date  
of death19*60* *Jan*

Day

25

Age

79

Months

3

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Harford C. Md*

Occupation

*Housekeeper*Where Residing if not  
at place of death*as above*Married, Single  
or Widowed*Widow*Name of Wife or  
Husband*Joseph Johnson*Father's  
Name*William Wallis*Father's  
Birthplace*Harford C. Md*Mother's  
Maiden Name*Mary (Unknown)*Mother's  
Birthplace*in White State*Name of person giving  
Information*H. E. Anderson*How related  
to deceased*not at all*

## CAUSES OF DEATH

Primary

*Paralysis*

How long

*Some 10 years*

Immediate

*Acute attack*

How long

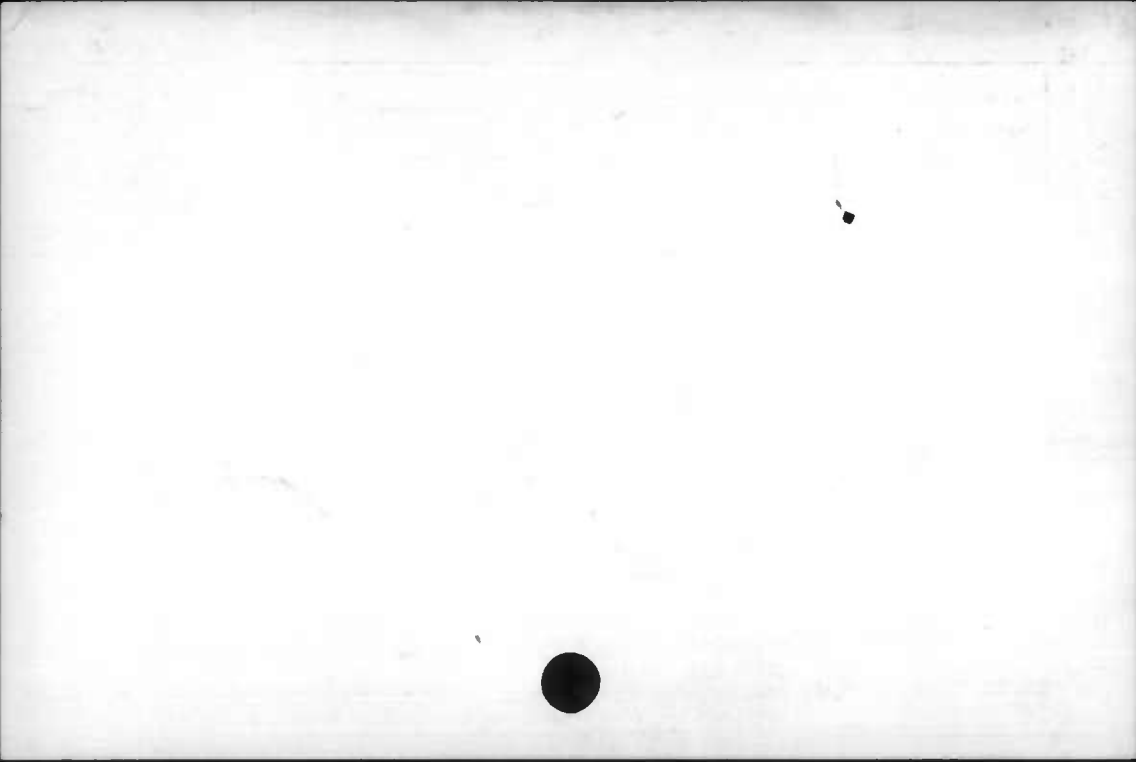
*Immediate*Are the name, age, sex, color, data  
and place correctly given above?*Yes*Signature of  
Physician*Eph<sup>m</sup> Hopkins*

Address

*Darlington**Md*

Accident or Suicide

PHYSICIAN  
OR CORNER



Name  
in  
Full

*Martha C. King*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lehestadt Hill</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>1</i>	Day <i>14</i>	Age <i>70</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balt Co</i>		
Occupation <i>Midwife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert A. King</i>				
Father's Name <i>John M. Gambill</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Margaret Carson</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>May Boorman</i>	How related to deceased <i>Relative</i>				

CAUSES OF DEATH

**79**

PHYSICIAN  
OR CORONER

Primary <i>Dilatation Heart</i>	How long <i>10 yrs</i>
Immediate <i>Drops</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Lehestadt Hill Ind</i>
Accident or Suicide?	

Dun creek Church

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Henry Wilson Lee* Town *Bel Air* County *Harford*  
Died at *Bel Air* MARYLAND  
Date of death 1950 *July* Month *11* Day Age *34* Years Months Days  
Sex *Male* Color or Race *White* Birth-place *Bel Air*  
Occupation *Card Engineer* Where Residing if not at place of death *Bel Air*  
Married, Single or Widowed *Married* Name of Wife or Husband *Mary C. Lee*  
Father's Name *Mr. J. Lee* Father's Birthplace *MD*  
Mother's Maiden Name *Sarah Griffith* Mother's Birthplace *MD*  
Name of person giving Information *John Lee* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *3 years*  
Immediate *Syncope (Cardiac)* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Robert S. Paq*  
*Bel Air*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Abner G. Malachuk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

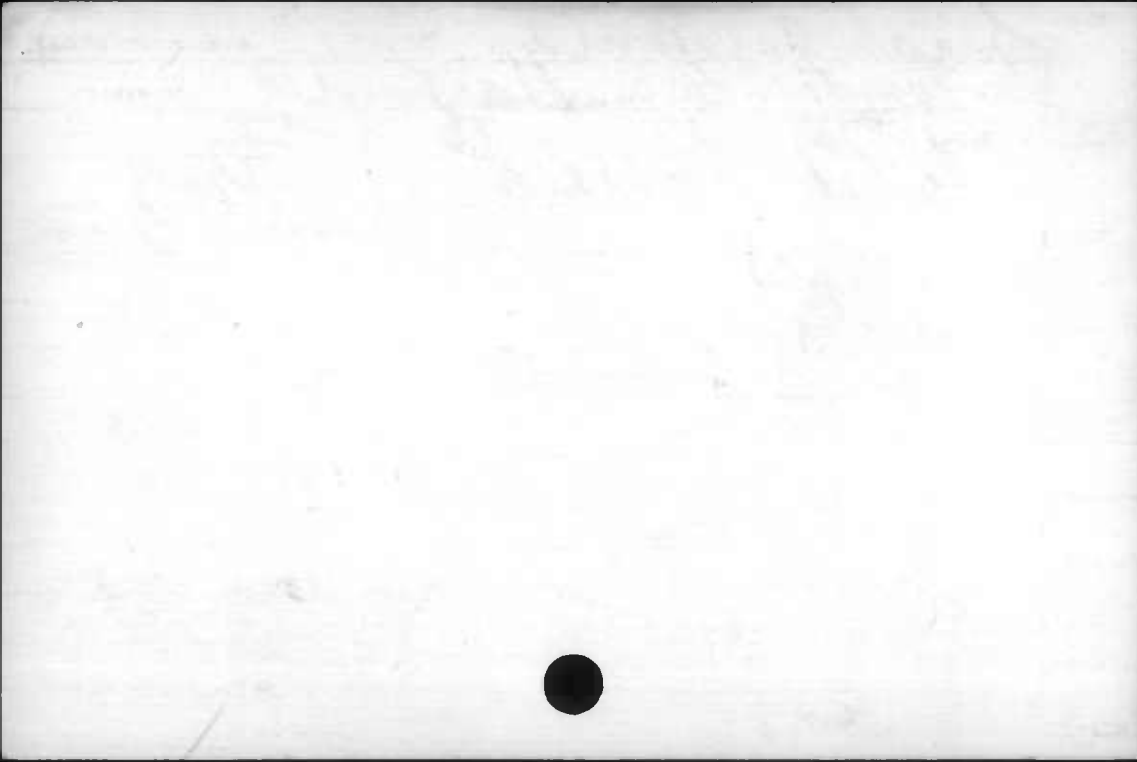
Died at		Town Edgewood		County Harford		MARYLAND	
Date of death 1990		Month Jan	Day 5	Age 61	Years	Months	Days
Sex Female	Color or Race white		Birth-place Maine				
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Frank Percy Malachuk					
Father's Name Augustus P. Luddy		Father's Birthplace Maine					
Mother's Maiden Name Francis J. Wymann		Mother's Birthplace Maine					
Name of person giving Information J. J. Malachuk		How related to deceased Son					

## CAUSES OF DEATH

99

PHYSICIAN  
OR CORONER

Primary Pneumonia	How long 9 days
Immediate Heart Failure	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Charles R. [Signature]
	Address Edgewood
Accident or Suicide	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sarah J. Norris</i>		Town <i>Fountain Green</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>Fountain Green</i>		Month <i>Jan</i>		Day <i>21</i>		Years <i>36</i>	
Date of death <i>1900</i>		Month <i>Jan</i>		Day <i>21</i>		Years <i>36</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Fountain Green</i>		Days <i>—</i>		—	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Alexandrina Norris</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Elizabeth Anthelme</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Martha Chalk</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

43

X

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Breast</i>	How long <i>Several years</i>
* Immediate <i>marathon &amp; exhaustion</i>	How long <i>4 or 5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. F. Van Dribben</i>
	Address <i>Bel Air Md.</i>
Accident or Suicide? <i>No</i>	

Rock Skinning

Name  
in  
Full

*Ezzie Oberlander*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

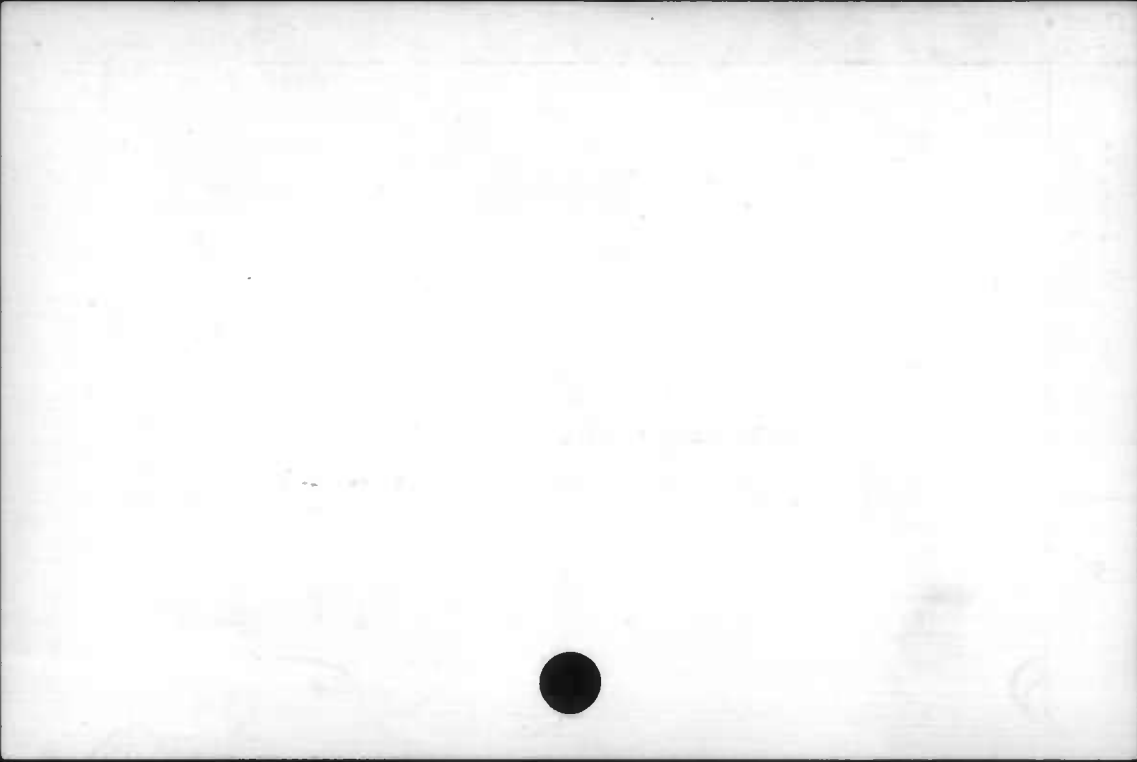
Died at <i>Darlington</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND <i>4</i>	
Date of death <i>1900</i>	<i>Jan</i> <sup>Month</sup>	<i>8</i> <sup>Day</sup>	Age <i>33</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>York Co Penna</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>as above</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>John D Oberlander</i>	Father's Birthplace <i>York Co Penna</i>				
Mother's Maiden Name <i>Rebecca J. Unknown</i>	Mother's Birthplace <i>a</i>				
Name of person giving Information <i>Sister Druck</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

*42*

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of uterus &amp; appendage</i>	How long <i>1 year</i>
Immediate	<i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Ephraim Hopkins</i>
		Address <i>Darlington Md</i>
Accident or Suicide <i>—</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Infant Son James Presbury  
Died at <sup>Town</sup> *Wilmington* <sup>County</sup> *Harford*

Date of death *1900* <sup>Month</sup> *July* <sup>Day</sup> *25* <sup>Age</sup> *1* <sup>Years</sup> *8* <sup>Months</sup> *2* <sup>Days</sup>

Sex *Male* Color or Race *Black* Birth-place *Wilmington*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *James Presbury*

Father's Birthplace *Harford Co*

Mother's Maiden Name *Martha Bunt*

Mother's Birthplace *Virginia*

Name of person giving information *James Presbury*

How related to deceased *Sister*

CAUSES OF DEATH

*189*

PHYSICIAN  
OR CORONER

Primary

How long \_\_\_\_\_

Immediate

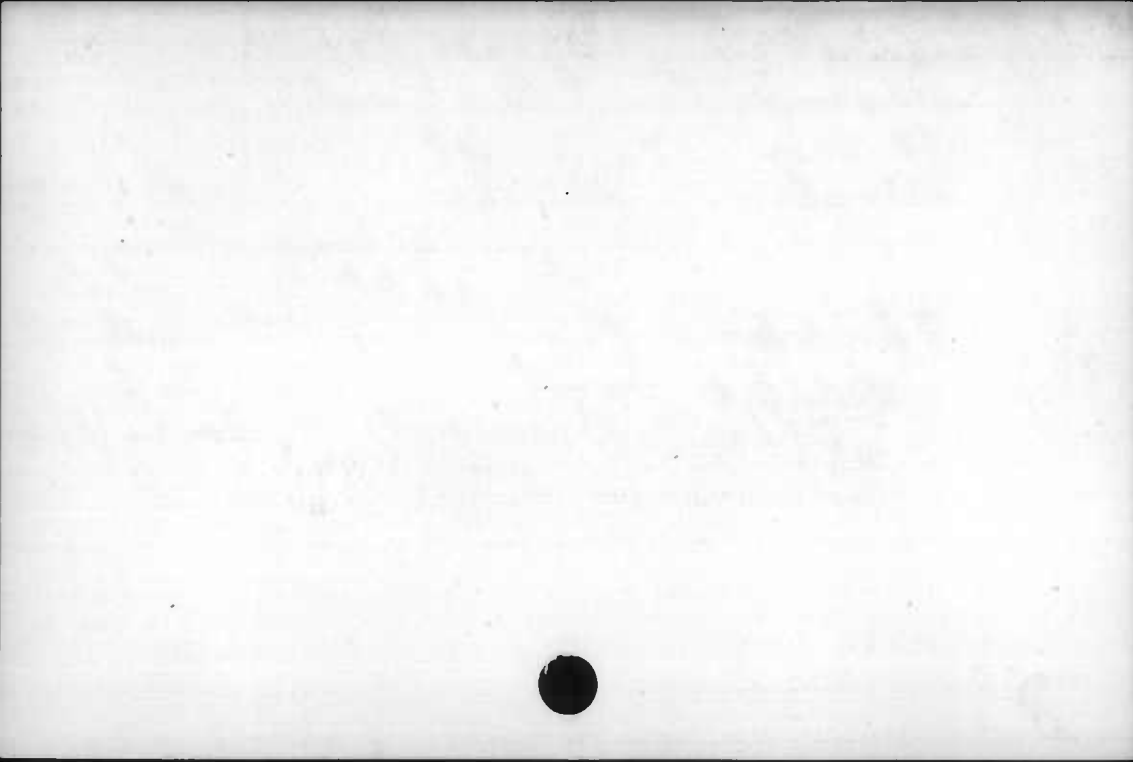
How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *No Physician*

Address \_\_\_\_\_

Accident or Suicide? \_\_\_\_\_





Name  
in  
Full

Harriet A. Reynolds

## CERTIFICATE OF DEATH

Died at <i>Thomas Run</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1969</i> <sup>Year</sup>	<i>Jan</i> <sup>Month</sup>	<i>17</i> <sup>Day</sup>	Age <i>68</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Thomas Run</i>				
Married, <i>Single</i>	Name of Wife or Husband <i>George W. Reynolds</i>				
Father's Name <i>Abraham Ross</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Sallie Ford</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Albert Howard</i>	How related to deceased <i>Son in Law</i>				

## CAUSES OF DEATH

Primary	<i>Myocardial Regurgitation</i>	<i>79</i> <sup>How long</sup>	<i>Unknown</i>
Immediate	<i>General Debility</i>	<i>About one year</i> <sup>How long</sup>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. Lee Hughes</i>	
		Address <i>Bel Air, Md.</i>	
Accident or Suicide?			

Hart

Trinity -

Churchills -

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Swan Creek</i> <small>Town</small>		<i>Harford Co</i> <small>County</small>		MARYLAND	
Date of death <i>10 Jan</i> <small>Month</small> <i>6</i> <small>Day</small>		Age <i>27</i> <small>Years</small>		<i>10</i> <small>Months</small> <i></i> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>Col</i>		Birth-place	
Occupation <i>Labor</i>		Where Residing if not at place of death <i>Home</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Charly Richardson</i>		Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Susan Wallis</i>		Mother's Birthplace <i>H to Md</i>			
Name of person giving information <i>Charly Richardson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>92</i> <input checked="" type="checkbox"/>
Immediate	<i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>ye</i>	Signature of Physician <i>Al Cothran</i>
<i>D</i>		Address <i>Howie Co Grace</i>
Accident or Suicide?		

Bernice Inabley Hills Jan 9  
Fletcher

Name  
in  
Full

Mr. Mitchel Roussey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Poole Town Harford County

Date of death 1900 Jan. Month 26 Day Age one Months one Days

Sex Male Color or Race White Birth-place Poole Md

Occupation — Where Residing if not at place of death —

Married, Single  
or Widowed —Name of Wife or  
Husband —Father's  
NameJoseph RousseyFather's  
BirthplaceCastleton Md.Mother's  
Maiden NameMabel AndersonMother's  
BirthplaceHarford Co.Name of person giving  
InformationJoseph RousseyHow related  
to deceasedFather.Congenital weakness.

## CAUSES OF DEATH

151X

Primary

Glycosuria of Mother

How long

Immediate

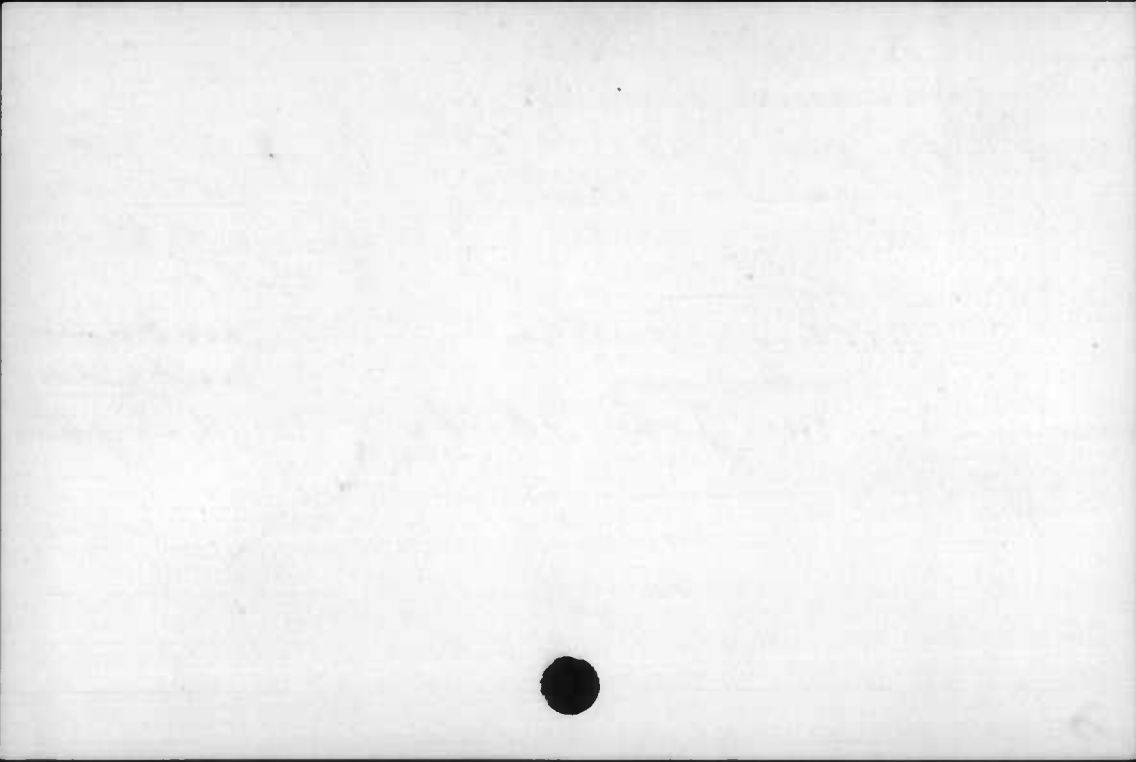
Heart Weakness

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. H. J. Davis,  
Darlington, Md.Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Lydia Salik*  
Town County  
Died at *Harre de Grace Harford* MARYLAND  
Date of death 1970 Jan 28 Age 67 Months 1 Days 11  
Sex *Female* Color or Race *White* Birth-place *Columbia Pa.*  
Occupation *House work* Where Residing if not at place of death *Harre de Grace*  
Married, Single or Widowed *Widow* Name of ~~Wife or~~ Husband *John C Salik*  
Father's Name *William Fulton* Father's Birthplace *Unknown*  
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*  
Name of person giving Information *Mrs John Thorpy* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *age* How long  
Immediate *Ischalyssis* How long *3 days*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. H. Smith*  
Address *Harre de Grace Md*  
Accident or Suicide





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at

Town *Heane de Grace* County *Wearford*

Date

of death *1910*Month *1*Day *18*Age *19*

Years

Months *7*Days *19*

Sex

*Female*Color or  
Race*White*Birth-  
place*Heane de Grace Md*

Occupation

*Housework*Where Residing if not  
at place of death*Heane de Grace Md*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*—*Father's  
Name*Jefferson M Santmeyer*Father's  
Birthplace*Wearford Co*Mother's  
Maiden Name*Kannah E Bonsoom*Mother's  
Birthplace*Ireland*Name of person giving  
Information*George E Santmeyer*How related  
to deceased*Brother*

## CAUSES OF DEATH

Primary

*Acute Pulmonary Tuberculosis*

How long

*4 weeks*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*R H Smith*

Address

*Heane de Grace Md*

Accident or Suicide

angie Hill Jan 21  
Fletcher

Name  
in  
Full

William F Skillman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

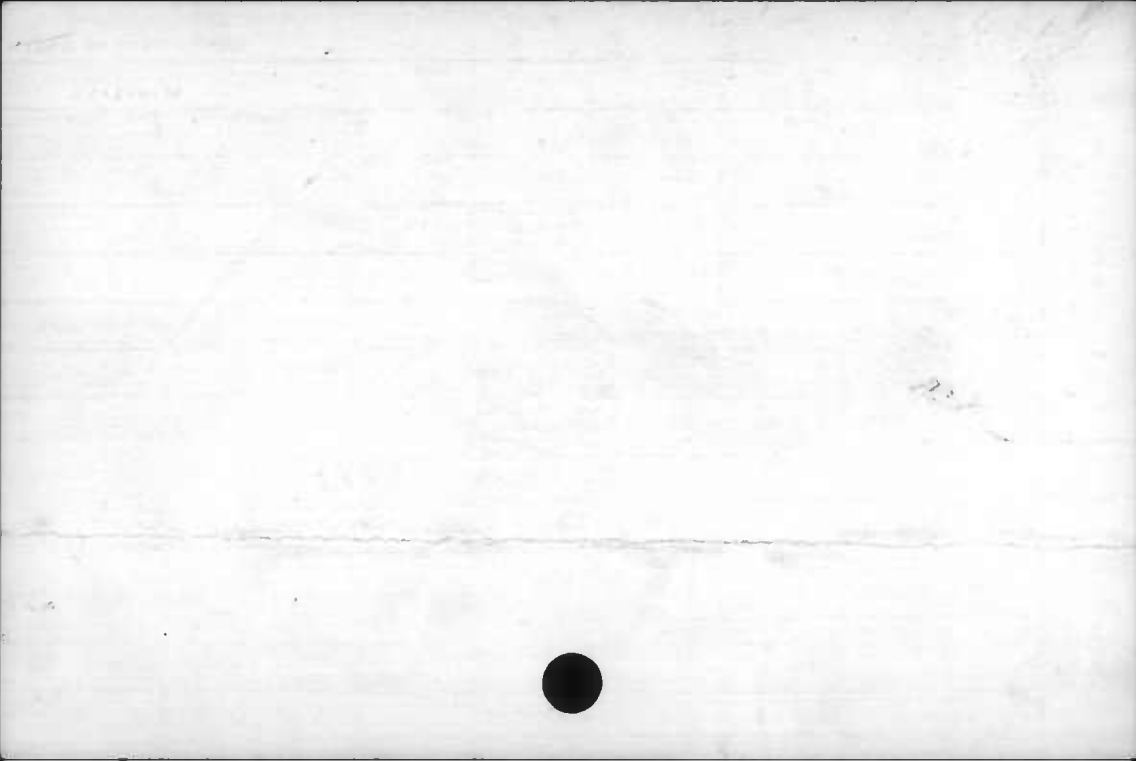
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1960		Jan	16	76			
Sex		Color or Race		Birth-place			
Male		White		New York			
Occupation				Where Residing if not at place of death			
Farmer				Abingdon			
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name				Father's Birthplace			
Josiah				N.Y.			
Mother's Maiden Name				Mother's Birthplace			
Not Known				Not Known			
Name of person giving Information				How related to deceased			
Arthur Skillman				Nephew			

CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary	Disruptive	How long	7 months
Immediate	Anemia	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Chas. H. [unclear]	
		Address	
		Edgewood	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

Died at

Fulford

Town

County

Harford

MARYLAND

Date

of death

1900

Month

Jan

Day

31

Age

Years

Months

5

Days

—

Sex

Female

Color or  
Race

White

Birth-  
place

Ind

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Vallie R. Stiltz

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Sarah P. Gilbert

Mother's  
Birthplace

Ind

Name of person giving  
Information

Lucyde Debon-

How related  
to deceased

Aunt

## CAUSES OF DEATH

Primary

Pertussis

How long

Two weeks

Immediate

Broncho-pneumonia

How long

One week

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

F. Lee Hughes

Address

Bel Air

Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mount Zion

Name  
in  
Full

CERTIFICATE OF DEATH

not named Swann  
Town County

MARYLAND

Died at Shut-

Harford

Date

of death

1908

Month

Jan

Day

22

Age

Year

Months

Days

18

Sex

Female

Color or  
Race

white

Birth-  
place

Shut-

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

James F. Swann

Father's  
Birthplace

Baer's

Mother's  
Maiden Name

Minna Waller

Mother's  
Birthplace

Harford

Name of person giving  
Information

John Waller

How related  
to deceased

Wife

CAUSES OF DEATH

Primary

Immature birth

How long

—

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr H. E. Arthur  
Cardiff Md

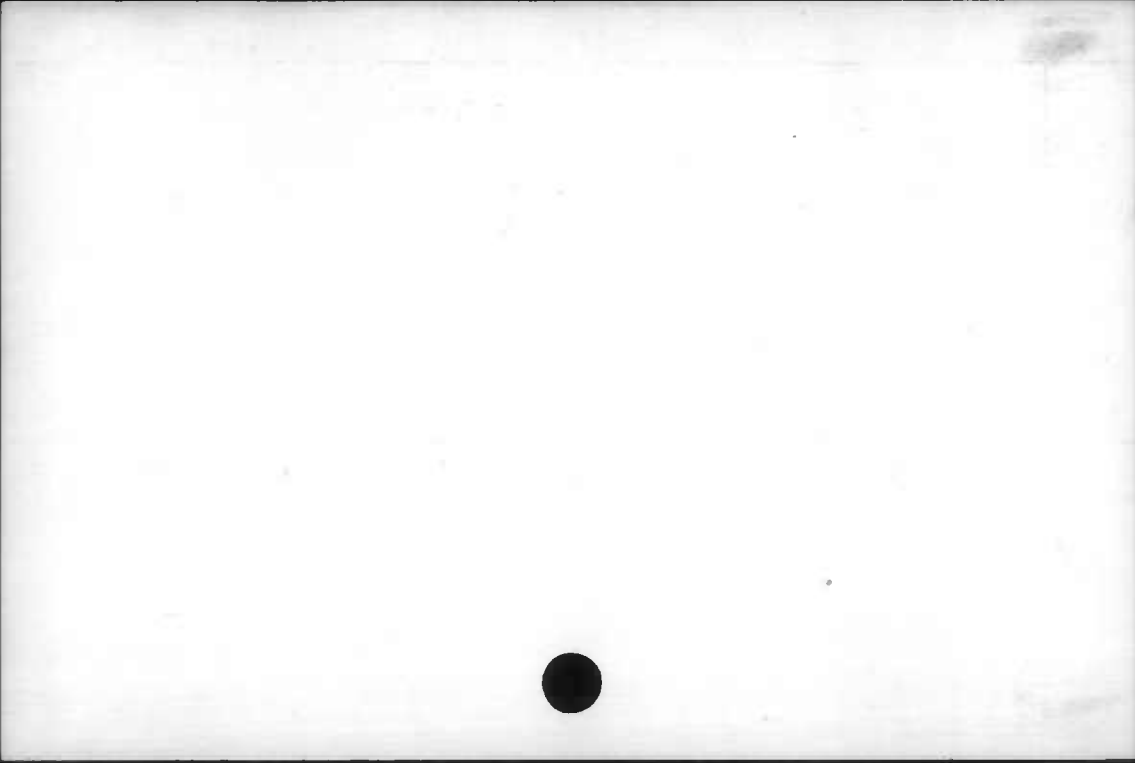
Accident or Suicide

No


TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

(151)





Name in Full		Thomas W. Tasker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bel Air		Harford		MARYLAND	
	Date of death	1900	Jan	14	Age	43	Months Days
	Sex	Male		Color or Race	Black		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		Bel Air	
	Married, Single or Widowed	Single		Name of Wife or Husband		Mattie Tasker	
	Father's Name	Robert Tasker				Father's Birthplace	Ind.
	Mother's Maiden Name	Sarah Young				Mother's Birthplace	Ind.
Name of person giving information	Ura Howard				How related to deceased	Sister	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">189</div> </div>							
PHYSICIAN OR CORONER	Primary	Don't know					How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
<div style="text-align: center;">  </div>				Register of Local Board			
Accident or Suicide? <input type="checkbox"/>							

Charles Chapin

Name  
in  
Full

Edith - Turner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Forest Hill		County Harford		MARYLAND	
Date of death		Month 1	Day 22	Age 1	Years 6	Months 6	Days
Sex Female		Color or Race Black		Birth- place Forest Hill			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Roman Turner				Father's Birthplace Harford Co			
Mother's Maiden Name Grace Jackson				Mother's Birthplace Harford Co			
Name of person giving Information Roman Turner				How related to deceased Uncle			

## CAUSES OF DEATH

89

PHYSICIAN  
OR CORONER

Primary Bronchitis		How long 3 mo	
Immediate Exhaustion		How long 1 week	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician F. P. Smithson	
		Address Forest Hill Md	
Accident or Suicide?			

Tairvices

Name  
in  
Full

Trintou, F. Warner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bale</u> <sup>Town</sup>		<u>7</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1940</u>	Month	<u>1</u>	Day	<u>22</u>
Age		<u>77</u>	Years	Months	<u>2</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>as above</u>
Occupation	<u>Farmer</u>	Where Residing if not at place of death <u>Same</u>			
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Amelia H. Blackwell</u>		
Father's Name	<u>Johna How Warner</u>	Father's Birthplace	<u>Prussia</u>		
Mother's Maiden Name	<u>Faucha Trintou</u>	Mother's Birthplace	<u>Prussia</u>		
Name of person giving information	<u>Don Warner</u>	How related to deceased	<u>Son</u>		

## CAUSES OF DEATH

90

Primary	<u>Bronchitis</u>	How long	<u>8 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>                    </u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>Castlingworth</u>	
Address		<u>Bul air</u>	
Accident or Suicide?		<u>no</u>	

PHYSICIAN  
OR CORONER

Friends meeting house

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Ludwig* Town *Harford* CountyDate of death *1900* *1* Month *21* Day *41* Age *41* Years Months DaysSex *male* Color or Race *white* Birth-place *Harford Md*Occupation *marry man* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of Wife or Husband *Annie Williams*Father's Name *James Williams* Father's Birthplace *Wales*Mother's Maiden Name *Mary Jones* Mother's Birthplace *"*Name of person giving Information *Arthur Williams* How related to deceased *Wife*

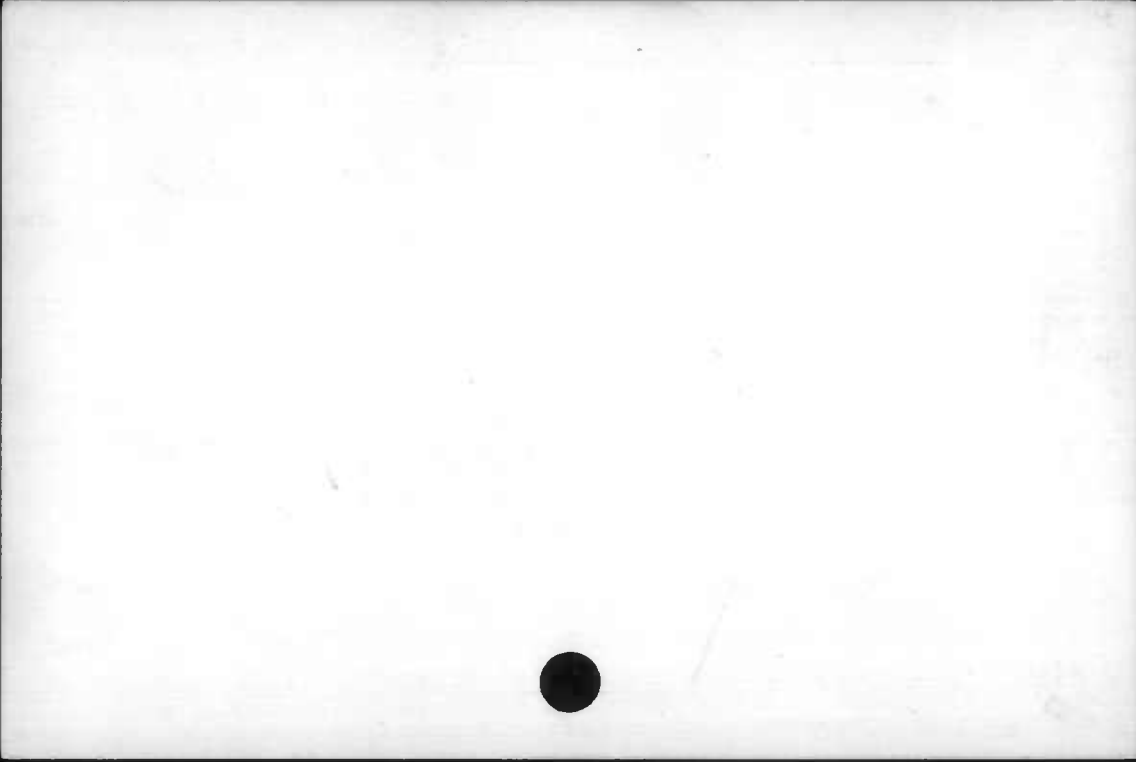
## CAUSES OF DEATH

Primary *Influenza* *10* How long *2 Day's*Immediate *Pneumonia* How long *3 Day's*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Rowena Ramsey*  
*Bella Penna*Accident or Suicide *"*PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Bel Air		Harford					
Date of death		19	Month	Day	Age	Months	Days
1940		1	19	83	7	13	
Sex		Color of Race		Birthplace			
Female		White		Ireland			
Occupation		Where Residing if not at place of death					
None		Bel Air					
<del>Married</del> or Widowed		Name of <del>Wife</del> Husband					
		George Herman Zimmerman					
Father's Name		Father's Birthplace					
George Atchison		Scotland					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Perry		Ireland					
Name of person giving information		How related to deceased					
Lydia A. Beckford		Daughter					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Arteriosclerosis	How long	Years
Immediate	Paralysis	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Amnell S. Sappin	
		Address	
		Bel Air	
Accident or Suicide?			

Union ch